


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2 Mar 12, 2007 8:00 am  
Secretary of State

02-20-2007 90045 020 \*\*\*150.00

DOCUMENT # P06000097984			
1. Entity Name TILE ENTERPRISES INC			
Principal Place of Business 2001 N E 214TH STREET MIAMI, FL 33179		Mailing Address 2001 N E 214TH STREET MIAMI, FL 33179	
2. Principal Place of Business - No P.O. Box # 2757 NW 30 AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAUDERDALE LAKES FL		City & State	
Zip 33311	Country US	Zip	Country
4. FEI Number 20-527912V		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIDI, ALEX 2001 N E 214TH STREET MIAMI, FL 33179		7. Name and Address of New Registered Agent Name SOLOMON DARMAN Street Address (P.O. Box Number is Not Acceptable) 4140 N 36 AVE City HOLLYWOOD FL Zip Code 33021	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: X SOLOMON DARMAN <i>Solomon Dorman</i> 2-16-07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when retaking)</small> DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDI, ALEX 2001 N E 214TH STREET MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAIZIEV, BORIS 65-30 PARSONS BLVD FLUSHING, NY 11365 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON DARMAN 4140 N 36 AVE HOLLYWOOD FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: X SOLOMON DARMAN <i>Solomon Dorman</i> 2-16-07		Date Daytime Phone #	